1323623

FORM D SEG Mail Section

JUL 28 2008

Washington, DC 106

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL 3235-0076 OMB Number: Expires: Estimated average burden hours per response. . . . . . 16.00

SEC USE ONLY							
Profix	Serial						
1	i						
DATE	RECEIVED						
	1						

Name of Offering ( check if this is an amen and name has changed, and indicate change.)  Texakoma Garcia Ranch #3 Well	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6) Type of Filing: X New Filing Amendment	) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Texakoma Operating, L.P.	08056936
Address of Executive Offices (Number and Street, City, State, Zip Code) 5601 Granite Parkway, Suite 600, Plano, Texas 75024	(972) 701–9106
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices) Same	Telephone Number (Including Area Code)
Brief Description of Business  To initiate, manage, acquire, supervise ventures and to otherwise engage in the exploration business.	
Type of Business Organization	(please specify): PROCESSED
Month Year  Actual or Estimated Date of Incorporation or Organization: [0] 3	timated JUL 3 0 2008
CN for Canada, FN for other foreign jurisdiction)	THOMSON REUTERS

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

· Attention -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate lederal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		AFB/SICIDI	NUMBER OF THE STREET			
. Enter the information re	quested for the foll	อพานธ์:				
· Each promoter of t	he issuer, if the iss	uer has been organized w	ithin the past five years;			
• Each beneficial ow	ner having the powe	er to vate or dispose, or dic	ect the vote or disposition (	of, 10% or more of	a class o	fequity securities of the issue
Each executive off	icer and director of	corporate issuers and of	corporate general and man	aging partners of	partnersh	ip issuers; and
• Each general and a	nanaging partner of	partnership issuers.				
Theck Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director		eneral and/or
	<b></b>				· · · · · · · · · · · · · · · · · · ·	Aanaging Partner
full Name (Last name first, i	f individual)					
Texakoma Explo Business or Residence Addre	zz (Number and	Street, City, State, Zip Co	145}		<del></del>	<del></del>
5601 Granite F	arkway, Su	ite 600, Plano	Texas 75024			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	ٔ سا	eneral and/or Managing Partner
Full Name (Last name first,	if individual)					
Stapleton, Wil Business or Residence Addr	liam Dale	Street, City, State, Zip Co	ode)	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
5601 Granite P	arkway. Su	ite 600. Plano	Texas 75074			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		eneral and/or Managing Partner
Full Name (Last name first,	if individual)					
Kennedy, Scott Business or Residence Addr	Durand ss (Number and	Street, City, State, Zip Co	ode)			<del> </del>
5601 Granite H	arkway Su	ite 600, Planc	, Texas 75024			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		eneral and/or Managing Partner
Full Name (Last name first, Kennedy, Shea	if individual) Peter					
Business or Residence Addr 5601 Granite	es (Number and Parkway, Su	Street City State Zip Co ite 600, Plant	ode) , Texas 75024			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		Seneral and/or Managing Partner
Full Name (Last name first, Kennedy, Dean		<u> </u>		·	,	
Business or Residence Add		Street, City, State, Zip C	ode)	<del> </del>	·	<del></del>
5601 Granite	Parkway. Su	ite 600, Plan	. Texas 75024	<u> </u>		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					
Business or Residence Add	ress (Number and	Street, City, State, Zip C	ode)	<del> </del>		<del></del>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first	if individual)	<u></u>				<del></del>
Business or Residence Add	tress (Number and	I Street, City, State, Zip C	ode)			<del></del>
			<u> </u>			
	(Use bl	ank sheet, or copy and use	additional copies of this	sheet, as necessar,	y)	

	nio de la la		\$13.5E	in the second	BAIN	RORMATIC	N ABOUT	OFFERIN	C PAR			ornaning Contra	
Links	To have delighted to the state of the state	22.2.72.4.2.4.4.							thic offerin	o?		Υes ⊏	Nο Ε
1.	Has the is	ssuer sold,	or does the			, to non-ac Appendix,						₩.	
			m investme									<u>\$18.</u>	875.00
<u>2</u> .	What is t	he minimu	m invesune	nt that wil	n de accep	tea Irom at	ly ma.vide					Yes	No
3.	Does the	offering p	ermit joint (	ownership	of a single	e unit?			.,,,,,,			, <b>E</b>	
4.	Enter the	informati	on requeste ar remunera	d for each	person wh	no has been	or will be	paid or g	iven, direc	tly or indi- arities in th	rectly, any		
		1 1:	ad in an arna	ciated per	con or sact	it of a broke	r or dealer	registered	សលោ បេខ ១រ	SC BROZOF V	with a state		
	or states	list the nat	ne of the bro	oker or dea	ılçı. If moi	re than tive	(t) person	s to be iiste	n are assoc	iated perso	ons of such		
_			you may set		Intornatio								<del></del>
			irst, if indiv										
Bu	exakou siness or F	la Finan Residence /	ncial II Address (No	imber and	Street, Cit	ry, State, Z	ip Code)				<u></u> -		
5	601 Gr	anite ]	Parkway	, Suite	e 600,	Plano,	Texas	75024	<u> </u>				
Na	ime of Ass	ociated Bro	oker or Dea	ler									<b>x</b>
St	ates in Wh	ich Person	Listed Has	Solicited (	or Intends	to Solicit F	urchasers						
-			" or check i						<del></del>			☐ Ali	States
			( <del>******</del>		No Adm		CT	DE	[DC]		<b>6</b> ₩₹	HI	<b>I</b>
	(AL)	AK N	TA	KS		DSS. LA	ME		MA	M	MN		MO
		NE NE		NH	园	MM	NY	NO.	ND	OH	OK.	<u>BR</u>	PA
		SC	SD	IN		ŪT	VT	<b>SA</b>		WV	WI	WY	PR
	-11 N C	Last name	first, if indi	vidual)						<u>·</u>			··
F	ПП 14 <b>8</b> ПП (-	Cast natite .	mar mu	*1110111)					<u>.</u>				
В	usiness or	Residence	Address (N	lumber an	d Street, C	ity, State,	Zip Code)	_					
-		· ainted Ba	oker or Der							<del></del> .			
N	iame of As	socialed Di	OKE! OI DE!	nc.								·	
S			Listed Has										
	(Check	"All State	s" or check	individual	States)			***********		***********		. 🔲 Al	ll States
	AL	Āĸ	ΑZ	AR	(CA)	CO	[CT]	DE	DC	FL	GA	HI	
		ĪŊ	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	VV	NH	NJ	NM	ŃΥ	NC	(DX)	OH	OK)	OR	PA
	·RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}$	WI	WY	PR
Ī	ull Name	(Last name	first, if ind	ividual)	<del></del>								
_	· · · · · · · · · · · · · · · · · · ·		<u> </u>				<u> </u>						
Ī	Business o	r Residenc	e Address (	Number an	id Street, C	Jity, State,	ZIP Code)	•					
7	Name of A	ssociated B	roker or De	aler			<del></del>						
	· ·		· ·								· · ·	<del></del>	
			n Listed Ha										ll States
	(Chec)	k "All State	s" or check	individua.	ı States)				****************		************	.   A	" Orace
	AL	AK	ΔŽ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Ш
		[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO PA
	MT RI	NE SC	( <u>V</u> V)	<u>H</u> M]	NI) TX	MM UT	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NC VA	ND WA	OH WV	OK Wi	OR WY	PR

. 14   46	COPPERING PRICE, NUMBER OF IN	estors, expenses and use of	ROCEEDS	* #** }	
1.	Enter the aggregate offering price of securities included in this sold. Enter "0" if the answer is "none" or "zero." If the trans this box and indicate in the columns below the amounts of the already exchanged.	action is an exchange offering, check			
	Type of Security		Aggregate Offering Price	Ē	Amount Already Sold
	Debt	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		\$
	Equity		•		s
	• •	ommon Preferred			
	Convertible Securities (including warrants)		\$		\$
	Partnership Interests				\$
	Other (Specify <u>Fractional Undivided</u> Worl				\$ 679,500
	Total		5,285,00	0	s 679,500
	Answer also in Appendix, Column 3, if filing				
2.	Enter the number of accredited and non-accredited investors offering and the aggregate dollar amounts of their purchases. It the number of persons who have purchased securities and purchases on the total lines. Enter "0" if answer is "none" or	For offerings under Rule 504, indicate the aggregate dollar amount of their			Aggregate Dollar Amount of Purchases
	Accredited Investors	***************************************	12		<sub>\$</sub> 679,500
	Non-accredited Investors	***************************************			\$
	Total (for filings under Rule 504 only)				\$
	Answer also in Appendix, Column 4, if fi		-		
3.	If this filing is for an offering under Rule 504 or 505, enter the isold by the issuer, to date, in offerings of the types indicated, first sale of securities in this offering. Classify securities by	in the twelve (12) months prior to the			
	Type of Offering		Type of Security		Dollar Amoun Sold
	Rule 505			_	\$
	Regulation A	* * * * * * * * * * * * * * * * * * * *		_	\$
	Rule 504				\$
	Total	. > / > . 11		_	\$
4	a. Furnish a statement of all expenses in connection with securities in this offering. Exclude amounts relating solely to The information may be given as subject to future contingene not known, furnish an estimate and check the box to the left	organization expenses of the insurer ies. If the amount of an expenditure is			
	Transfer Agent's Fees		•••••		\$
	Printing and Engraving Costs	***************************************			\$
	Legal Fees				\$
	Accounting Fees		************		\$
	Engineering Fees				\$
	Sales Commissions (specify finders' fees separately)	(Includes Due Diligenc	e)		s 634,200
	Other Evnances (identify)	(Expênse Reimbursement	)	_	, 158,550

792,750

A CONTRACTOR OF THE CONTRACTOR	and the state of t	n o orang	ST
G.OFFERING PRICE, NUMB	er of investors expenses and use of p	ROCEEDS' (* §	
<ul> <li>Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Questioned to the issuer."</li> </ul>	Question 4.a. This difference is the "adjusted gross		\$ <u>4,492,250</u>
<ol> <li>Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part</li> </ol>	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
·		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		□ \$	. 🗆 \$
Purchase of real estate	***************************************	□ \$	
Purchase, rental or leasing and installation of mach	ninery		
Construction or leasing of plant buildings and faci	lities	 	
Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another		
Repayment of indebtedness			
Working capital		□ \$	_ 🗆 \$
Other (specify): The drilling, testi	ng and if warranted,	S Thru D&	T [ \$3.583.074
completing and equipping of o	ne well to be drilled to	C&E	909,176
an approximate total measured		□ \$	_ 🗆 S
or less, in Kenedy County, Te	xas.		<u> </u>
Total Payments Listed (column totals added)		□\$ <u>-</u>	<u>,492,25</u> 0
The state of the s	D. FEDERAL SIGNATURE		2 - 12 - 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to fur the information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comm	ission, upon writ	ule 505, the following ten request of its staff
Issuer (Print or Type)	Signature MI	Date	1 1 1
Texakoma Operating, L.P.	PM Stallf	1	1/25/08
Name of Signer (Print or Type)	Title of Signer (Point or Type) President	of Texako	ma Exploratio
William Stapleton		iction L.L. <del>ral Partne</del> i	

END

– ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)